

This Section for DOGM Use:
Assigned DOGM File No.: S/O 57 / 0010
DOGM Lead: Mike
Permit Fee \$ _____ Ck# _____

4213 RECEIVED

AUG 27 2014

DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <http://www.rules.utah.gov/publicat/code/r647/r647.htm> and http://le.utah.gov/~code/TITLE40/40_08.htm.

Cultural Resources Survey: To fulfill its obligations under Utah Code Annotated 9-8-404, the Division needs cultural resource (archaeology) information. The amount and type of information required will depend on the mine location, the history of previous disturbance, and other factors. Please contact the Division for further information.

A permit fee of \$150 must accompany this application (Utah Code Ann. §40-8-7(1)(i)) and is due annually.

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: Pine Ridge Rock Products
2.A. Name of Entity Applying for a Permit Pine Ridge Capital LLC
Contact (Authorized Officer): R. Dan Lockwood
Mailing Address: Po Box 1108
City, State, Zip: Eden, Utah 84310
Phone: 801-745-3150 Fax: _____
E-mail Address: Dan@pineridgeutah.com

Entity is a: () Corporation, (☒) LLC, () Sole Proprietorship (dba), () Individual, () Partnership (☐ General, or ☐ limited), () Other (specify type) _____

Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply.

- 2.B. Are you currently registered to do business in the State of Utah? (☒) Yes () No
Business Entity #: _____
Local Business License #: _____ (if required)
Issued by: County: Weber or City: _____

Registered Utah Agent (as identified with the Utah DOC) (if individual leave blank):

Name: Dan Lockwood Title: _____
Address: 47th E 2600 N
City, State, Zip: Eden UTAH 84310
Phone: 435-994-2061 Fax: _____
E-mail Address: Dan@pineridgeutah.com

2.C. Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division.

Name: R. Dan Lockwood _____ Title: Manager _____
Address: PO Box 1108 _____
City, State, Zip: Eden, Utah 84310 _____
Phone: 801-745-3150 _____ Fax: _____
Emergency, Weekend, or Holiday Phone: 435-994-2061 _____
E-mail Address: Dan@pineridgeutah.com _____

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Emergency, Weekend, or Holiday Phone: _____
E-mail Address: _____

3. If Business is a Sole Proprietor (dba) or Individual:

Name of Owner: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Corporation:

Name of Officers: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Headquarters Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Limited Liability Company: Member Managed (☒) Manager Managed (☐)

Name of 1st Member/Manager: Rebecca Lockwood _____ Title: Managing Member _____
Business Address: PO Box 1108 _____
City, State, Zip: Eden, Utah 84310 _____
Phone: 435-994-2061 _____ Fax: _____
E-mail Address: Rebecca@pineridgeutah.com _____

Name of 2nd Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Partnership:

Names of Partners: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Partnership:

Names of Partners: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

5. Ownership of Land Surface:

Private (Fee) (☒) BLM (☐) US Forest Service (☐)
 State Trust Land/School Sections (☐) State Sovereign Lands (☐)
 Other (please describe): _____

Name Karl Jensen _____ Address 7055 N 600W Tremonton 84337
 Name _____ Address _____
 Name _____ Address _____
 Name _____ Address _____

6. Ownership of Minerals:

Private (Fee) (☒) BLM (☐) US Forest Service (☐)
 State Trust Land/School Sections (☐) State Sovereign Lands (☐)
 Other (please describe): _____

Name Karl Jensen _____ Address 7055 N 600W Tremonton 84337
 Name _____ Address _____
 Name _____ Address _____
 Name _____ Address _____

BLM Claim Number(s): _____

Utah State Lease Number(s): _____

BLM/USFS Lease or Project File Number(s): _____

Name of Lessee(s): _____

7. **Have the above surface and mineral owners been notified in writing?** Yes ☒ No ☐
 If no, why not? _____

8. **Does the Entity have legal right to enter** and conduct mining operations on the land covered by this notice? Yes ☒ No ☐

What is the pre-mining land use, i.e. cropland, grazing, wildlife habitat? Grazing

What is the postmining land use? Grazing

Please be advised that if State Trust Lands are involved, notification to the Division of Oil, Gas and Mining alone does not satisfy the notification requirements of Mineral Leases upon State Trust Lands. Exploration or mining activity on State Trust Lands requires a minimum of 60 days notice to the Trust Lands Administration prior to commencing any activities. Please contact the School Institutional Trust Lands Administration (SITLA) at (801) 538-5508 for notification requirements.

II. PROJECT LOCATION & MAP (Rule R647-3-105)

1. **Project Location & Map** (legal description):

County(ies): Weber & Cache

_____ 1/4, of _____ 1/4, of _____ 1/4, of _____	Section:32	Township: 8N	Range: 1E
_____ 1/4, of _____ 1/4, of _____ 1/4, of _____	Section:33	Township: 8N	Range: 1E
_____ 1/4, of _____ 1/4, of _____ 1/4, of _____	Section:28	Township: 8N	Range: 1E

UTM East: _____ (if known) UTM North: _____ (If known)

Name of Quad Map for Location: James Peak

2. **Is the project within an incorporated area?** (☐) Yes (☒) No
If yes, what is the town or city? _____
3. **Location and Operations maps** must be plotted at a scale to accurately identify locational landmarks and operations details. All maps must include a north arrow, scale, appropriate labels, and title box including the mine name, township, range and section.
 - a. The **general location map** must be the scale of a USGS 7.5 minute series map or equivalent (1"=2000') and identify new or existing access roads.
 - b. The **operations map** (1"=200' or other scale as determined necessary by the Division) must be labeled and identify:
 - i. The area to be disturbed;
 - ii. The location of any existing or proposed operations including access roads, drill holes, trenches, pits, shafts, cuts, or other planned activities; and
 - iii. Any adjacent previous disturbance for which the operator is not responsible.(Contact the Division for a list of consultants and land surveyors for mapping assistance.)
4. The proposed (5 acre or less) disturbed area (including access/haul roads) should be marked ON THE GROUND with metal T-Posts (or with some other marker of equal effectiveness). Markers should be appropriately spaced so that the next marker in either direction is clearly visible with the naked eye.

III. **OPERATION PLAN** (Rule R647-3-106)

1. **Type of mining:** Surface (☒) Underground (☐)
2. **Mineral(s) to be mined:** Boulders (metamorphic Quartzite) _____
3. **Amount of material** to be extracted, moved, or proposed to be moved: _____

4. Will any **water, liquid chemicals, reagents, or other solutions** be used, produced or discharged as part of the mining or milling process? Yes (☐) No (☒) If yes, please describe (add extra pages if needed): _____

5. Provide a brief **description of the proposed mining operation**, and onsite processing facilities (add extra pages if necessary). Mining of boulders to a depth of approximately 15 feet. Screening of granulated bed rock ridge in the NE corner of section 32 and the NW corner of section 33 _____

6. (☒) **New Road(s):** Length _____(ft), Width _____(ft)
7. (☒) **Improved Road(s):** Describe improvements that need to be made to existing roads to access the site, including the Length _____(ft) and Width _____(ft) of new disturbances.

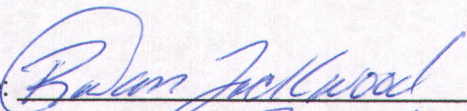
8. Total project surface acreage to be disturbed: 5(acres) PLEASE SPECIFY EXACT
ACREAGE *(this will be used to determine surety bond amount – see #VI).*
9. Proposed **startup date** (month, year): 8/25/14
10. Proposed **completion**, if known (month, year): unknown

VII. SIGNATURE REQUIREMENT

CERTIFICATION

I state under penalty of perjury under the laws of the state of Utah and the United States of America that:

- a. I have read this form and declare the information, statements and/or documentation are true, correct and complete to the best of my knowledge and belief; AND
- b. I commit to the reclamation of the aforementioned small mining project as required by the Utah Mined Land Reclamation Act (40-8) and the rules as specified by the Board of Oil, Gas and Mining.
- c. **This certification must be signed by:** (1.) an executive officer if the applicant is a corporation; (2.) a partner if applicant is a partnership (general or limited); (3.) the owner if applicant is a sole proprietorship; **or** (4.) the member or manager if applicant is a limited liability company.

Signature:  Date: 3/18/14
Name (typed or printed): R. Dan Lockwood
Title/Position (if applicable): _____